

**ARIZONA DEPARTMENT OF EDUCATION
CHILD AND ADULT CARE FOOD PROGRAM CENTER SPONSOR CLAIM**

Claims must be received by the 10th of the month following the claim month. Claim(s) are to be submitted electronically at the CNP Web at <https://www.ade.az.gov/commonlogon>. Sponsor must retain a copy of claim for permanent record.

CTD # _____ Sponsor _____
Address _____

Phone () _____

Claim Month/Year:

Type of Submission: ☐ Original
☐ Revision

Date of Revision _____

Income Received During Claim Month

Non-CACFP Income _____

CACFP Income _____

Value of Cash/Non-Cash Donations _____

Value of Excess Personnel Meals _____

CACFP Expenditures During Claim Month

Salaries	\$
Benefits	\$
Staff Training	\$
Food	\$
Supplies	\$
Rent or Mortgage	\$
Contracted Services	\$
Communication and Utilities	\$